Renal Cancer

The Roles of the
Clinical Nurse Specialist – Nicola Thomson
&
Cancer Care Pharmacist – Jennifer Laskey
Nov 2014
**The Renal Cancer Clinic - Glasgow**

- Held every Thursday afternoon at the Beatson WOSCC – Regional Service. 2\textsuperscript{nd} clinic on Monday pm started April 2014

**Renal Cancer Team**

- Dr Jones - Consultant Medical Oncologist
- Dr Venugopal - Consultant Medical Oncologist
- Mr Gren Oades – Specialist Urology Surgeon
- Nurse Specialist Renal Cancer - Nicola Thomson
- Senior Cancer Care Pharmacist – Jennifer Laskey (Mat Leave)
- Nurse Specialist Clinical Trials - Kirsteen Stuart
Nurse Specialists - Renal Cancer in Scotland

- NHS Grampian – Danny Lynch
- NHS Tayside - Alison Smith
- NHS Lothian - Karen McLean, Isobel Lytwyn and Louise Robertson
- NHS Highland – New Nurse in post??
- Beatson Research Nurse – Kirsteen Stuart
- Urology – Oncology Nurse Specialists in surgical wards
- Private Sector -
Patient Assessment – Prior to Starting Drug Therapy

- Disease Category – Cancer Staging, Pathology, prior treatment MDT REVIEW
- Performance Status – Self care abilities
- Past Medical History
- Current Drug Therapy
- Blood Tests
- ECG – heart tracing and BP
- Important Considerations! Able to swallow tablets, can attend clinic every 4-6 weeks, lifestyle, employment status, support network
Patient Education and Nurse/Pharmacist Interventions – 1st Visit (1 hour +)

- Verbal + Written Info Pack
- Advice on how to take tablets
- Side effects. How to recognise, treat, and seek advice
- Blood pressure monitoring
- GP blood tests
- Encourage dental + podiatry review
- GP Letter

- Refer to District Nurse, Practice Nurse, Macmillan Nurse where necessary
- Provide Contact Details – CNS, Cancer treatment helpline, NHS 24, Renal Secretaries, GP
- Give patient held diaries – record side effects / BP readings etc (memory jog)
- Discuss employment / benefits referral service
Possible Effects of Drug Therapy

Hypertension – High Blood Pressure

Common side effect of renal cancer drugs, most likely to happen during 1st 16 weeks of therapy.

- Monitor weekly for 1st 6 weeks, then as indicated e.g. fortnightly, periodically

- Aim for BP of 140/85.

- Treat persistent high blood pressure.

- If Patient history of High BP, may need BP medication increased.
Diarrhoea

- One of the most common side effects.
- Typically develops in the first cycle (may happen later)
- Patients and carers should proactively monitor for diarrhoea
- EARLY RECOGNITION + EARLY TREATMENT!!
- Start anti-diarrhoeal medication – loperamide.
- Seek advice if diarrhoea is uncontrolled, more than 4 episodes in 24hrs, or is associated with temperature/feeling unwell

Nutritional Advice if having diarrhoea

- Fluids to avoid dehydration – 8 to 10 glasses of fluid
- Electrolyte solutions to replenish electrolytes
- No caffeinated beverages, alcohol, spicy or fried foods
- Probiotics (e.g. yoghurt)
- Foods that add bulk to the diet such as rice, dry toast, bananas can sometimes help
- Keep a food diary
Hand and Foot Skin Problems

- More Common with Sunitinib than Pazopanib.
- Hand-Foot Syndrome: Symptoms red, swollen, inflamed palms/soles with blistering and thickened skin, notably at pressure points and skin folds
- Early recognition + early treatment! May need temporary interruption of drug treatment and/or dose reduction.

Self care tips:

- apply emollients and moisturisers regularly
- Avoid exposure to heat (hot water)
- Avoid excess pressure or friction - Soft, loose, well-fitting shoes, gel inserts in shoes may help
- Elevate hands/feet when sitting or resting.
Fatigue

- Can be due to drug causing reduced thyroid function and/or anaemia. These are treatable and reversible causes!

  **Self care tips:**
  - Do most important activities 1st
  - Get active – a short walk can make a difference - exercise
  - Rest when you need to, take short power naps
  - Accept help with daily tasks
  - Keep a diary of tired periods – helps to plan activities
Painful Mouth

- Common side effect
- Symptoms – painful, red, inflamed, gums/tongue with or without ulcer(s), burning sensation and or loss of taste
- **Self Care Tips:**
  - Soft toothbrush, mild tooth paste, anti-septic mouthwash, regular pain killers, avoid foods which cause trauma or sting when eaten
- Avoid very hot food
- Early recognition + treatment is important
- Seek advice if symptoms persist and stop you eating and drinking
- May require temporary treatment interruption +/- or dose reduction
Nausea / Vomiting

May be caused by the drug treatment or due to acid indigestion / loss of appetite.

**Self Care Tips**

- If sick when taking treatment **do not** repeat dose!

- Take regular anti sickness medicine

- Take antacid therapy. Consider diet which may increase acid production and avoid e.g. spicy, greasy foods, fizzy juices

- Take small meals / drinks regularly. Little and often

- If smells bother you let food cool, or eat cold foods.

- Eat foods easy on your stomach e.g. porridge, white bread/toast, plain rice / pasta, bananas
Nurse Specialist Role

- Consistent point of contact and specialist knowledge
- Be visible and accessible – phone + email
- Service Development – Patient Information + Support Services. Communication is Key
- Support and advice to patients, families and other professionals
- Nurse Prescribing – cancer treatment / supportive medicines
- Participation in audit
- UK Renal Cancer Nurse Group
- Anticipate changing needs
Role of the Pharmacist

- Development of Clinical pharmacy
- Less involvement in traditional dispensing role
- Focus on optimising safe, effective use of medicines
- Clinical pharmacists on wards, out-patient clinics etc.
- Advising patients and healthcare professionals
- Prescribing
My role within BWOSCC Renal Clinic

- Oral anti-cancer agents (e.g. sunitinib / pazopanib) can have complex doses, side effects, drug interactions
- Work alongside CNS and renal clinic team (complimentary roles)
- Review patients on treatment
- Practical aspects of taking medicines, side effect management, drug interactions
- Source of prescribing information
- Audit e.g. tolerability of medicines
- Network with other renal cancer pharmacists
Oral anti-cancer medicines: key messages

- Report side effects early. Side effects are reversible on interrupting / stopping treatment.

- Tell your Dr/nurse/pharmacist about any medicines you are taking (including herbal / OTC). Avoid Grapefruit juice!

- Inform your community pharmacist.

- If you are admitted to hospital let staff know you are taking oral anti-cancer medicine.

- Ask nurse specialist/pharmacist for advice if you need to undergo any procedures/dental treatment.

- You can take medicines abroad. Get advice from Doctor / Nurse Specialist.
ANY QUESTIONS